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APPLICANTS Michael Scott Sulprizio, Gardnerville, NV; ** CONTINUING DATA ***** None SB ** FOREIGN APPLICATIONS ***** None SB IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/16/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NV	SHEETS DRAWING 7	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
ADDRESS 26252					
TITLE Prosthetic Foot					
FILING FEE RECEIVED 492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		